



474166

**hazardous • waste • facility • approval • board**

James A. Rhodes, Governor  
Wayne S. Nichols, Chairman

**hwfab**

P.O. Box 1049  
361 E. Broad St.  
Columbus, Ohio 43216  
(614) 462-6981

U.S. Steel Corporation  
Cuyhoga Plant  
1807 East 28th Street  
Lorain, Ohio 44055

Re: Permit No. 02-18-0091

Attn: Mac White

NOV 30 1981

Dear Permittee:

Transmitted herewith is a certified copy of your Hazardous Waste Facility Installation and Operation Permit (Permit) as such permit was entered into the Journal of the Board. The permit consists of the following:

- 1) The standardized permit form (Findings and Conclusions and Issuance).
- 2) Terms and Conditions as approved by the Board (Special Terms and Conditions applicable to all permittees and Special Terms and Conditions for specific facilities).
- 3) Portions of the approved Part A permit application indicating the approved hazardous waste processes and design capacities and those hazardous wastes, identified by U.S. EPA Hazardous Waste Number, to be managed at the facility.

Processes, design capacities, and/or specific hazardous wastes which are stricken through or crossed out on the Part A permit application are not included in the approved permit. Unless otherwise notified by certified mail and afforded the opportunity for an adjudication hearing before the Board, all such deletions have occurred with the authorization of the applicant or his representative.

You are encouraged to carefully read the permit in its entirety. Any questions or comments concerning its content should be addressed to:

Ms. Peggy J. Vince  
Executive Director  
Hazardous Waste Facility Approval Board  
P.O. Box 1049  
361 East Broad Street  
Columbus, OH 43216  
Ph: (614) 462-6981

HAZARDOUS WASTE FACILITY  
APPROVAL BOARD

NOV 30 1981

ENTERED BOARD'S JOURNAL

STATE OF OHIO

HAZARDOUS WASTE FACILITY APPROVAL BOARD

In the Matter of:

U.S. Steel Corporation  
Cuyhoga Plant  
1807 East 28th Street  
Lorain, Ohio 44055

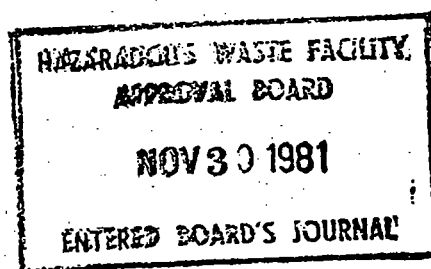
Permit No. 02-18-0091

Applicant/Permittee

The operator of the below-  
referenced hazardous waste  
facility

U.S. Steel Corporation  
Cuyhoga Plant  
4300 E. 49th Street  
Cuyahoga Heights, Ohio 44125

Facility



Pursuant to Section 3734.05(D) of the Revised Code, The Hazardous Waste Facility Approval Board (Board) makes the following Findings and Conclusions and issues a Hazardous Waste Facility Installation and Operation Permit (Permit)

FINDINGS AND CONCLUSIONS

1. The Applicant has submitted to the Board a completed permit application, stating the facility was in operation immediately prior to October 9, 1980, and has paid the required permit fee.
2. The Ohio Environmental Protection Agency (Agency) and/or the United States Environmental Protection Agency has inspected the facility and has prepared an Interim Status Standards Survey (survey).
3. All public comments timely received have been reviewed, evaluated and considered by the Board and the Agency for their relevancy and materiality.
4. The Agency has reviewed and considered the information on the permit application, the results of the survey, the public comments, and other pertinent material and has concluded that the facility was in substantial compliance, as determined by the Director of Environmental Protection, with applicable statutes and rules in effect immediately prior to October 9, 1980.

YOU ARE HEREBY ADVISED THAT: All appeals of these matters are to the Court of Appeals of Franklin County, 369 South High St., Columbus, Ohio 43215, Attn: Deputy Clerk, and shall be pursuant to the provisions of Section 3734.05(C)(7) of the Revised Code.

Sincerely,

*Peggy J. Vince*

Peggy J. Vince  
Executive Director

PJV/ss

Enclosure

HAZARADOUS WASTE FACILITY  
APPROVAL BOARD

NOV 30 1981

ENTERED BOARD'S JOURNAL



## GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

0 H 0 D 0 1 5 6 2

## GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

PLEASE PLACE LABEL IN THIS SPACE

## II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

## SPECIFIC QUESTIONS

MARK 'X'

A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)

YES NO FORM ATTACHED  
15 16 17 18

C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)

YES NO FORM ATTACHED  
22 23 24

E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)

YES NO FORM ATTACHED  
30 31 32

G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)

YES NO FORM ATTACHED  
34 35 36

I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)

YES NO FORM ATTACHED  
40 41 42

## SPECIFIC QUESTIONS

MARK 'X'

B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)

YES NO FORM ATTACHED  
19 20 21

D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)

YES NO FORM ATTACHED  
25 26 27

F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)

YES NO FORM ATTACHED  
31 32 33

H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)

YES NO FORM ATTACHED  
37 38 39

J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)

YES NO FORM ATTACHED  
43 44 45

## III. NAME OF FACILITY

1 SKIP USS LORAIN WORKS

## IV. FACILITY CONTACT

A. NAME &amp; TITLE (last, first, &amp; title)

B. PHONE (area code &amp; no.)

2 STINSON RUSS ENVIRONMENTAL ENG 216 277 2482

## V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 1807 E 28TH STREET

B. CITY OR TOWN

C. STATE

D. ZIP CODE

4 LORAIN

OH

44055

## VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 1807 E 28TH STREET

B. COUNTY NAME

LORAIN

C. CITY OR TOWN

D. STATE

E. ZIP CODE

F. COUNTY CODE (if known)

5 LORAIN

OH

44055

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST 7 1 3 3 1 2 (specify) IRON & STEEL PLANT				B. SECOND 7 (specify)			
C. THIRD 7 (specify)				D. FOURTH 7 (specify)			

## VIII. OPERATOR INFORMATION

A. NAME USS A DIVISION OF USX CORPORATION												B. Is the name listed in Item VIII-A also the owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other", specify.) F - FEDERAL M - PUBLIC (other than federal or state) S - STATE O - OTHER (specify) P - PRIVATE												D. PHONE (area code & no.) A 4 1 2 8 2 5 2 6 0 9	
E. STREET OR P.O. BOX 4000 TECH CENTER DRIVE													
F. CITY OR TOWN MONROEVILLE								G. STATE PA		H. ZIP CODE 15146		IX. INDIAN LAND Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

## EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water) N 3 1 D 0 0 0 2 8 * E D										D. PSD (Air Emissions from Proposed Sources) 9 P									
B. UIC (Underground Injection of Fluids) U										E. OTHER (specify) (specify)									
C. RCRA (Hazardous Wastes) R O H D 0 0 4 2 2 2 0 3 0 9										E. OTHER (specify) (specify)									

## I. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## II. NATURE OF BUSINESS (provide a brief description)

Iron and steel producing, involving the following operations:

Ironmaking, steelmaking, continuous casting, hot forming primary, hot forming section, hot forming pipe & tube, and cold forming. Coke making facilities are presently classified as being on a temporarily extended shutdown.

<b>PAID</b>	
Amount <u>1.5.00</u>	Date <u>5-16-88</u>
Check # <u>00116565</u>	Date <u>5-4-88</u>

RECEIVED

MAY 13 1988

OHIO EPA-N.E.D.O.

## III. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print) P. X. Masciantonio, Vice President Environmental Affairs		B. SIGNATURE <i>P. X. Masciantonio</i>		C. DATE SIGNED 5-4-88	
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## COMMENTS FOR OFFICIAL USE ONLY

1. OUTFALL LOCATION							
For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.							
A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	N41	27	31	W82	07	11	Black River
002	N41	27	15	W82	08	20	Black River
003	N41	27	06	W82	08	55	Black River
004	N41	27	05	W82	09	00	Black River
005	N41	27	15	W82	07	53	Black River
006	N41	27	13	W82	09	37	Black River

2. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES							
Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.							
For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.							

OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	A. OPERATION (list)	B. AVERAGE FLOW (include units)	C. DESCRIPTION	D. LIST CODES FROM TABLE 2C-1	
1	Rolling Mill - Hot Forming	5700 GPM	Scale Pit	1-U	*
	Primary				
	10" & 12" Bar Mills - Hot Forming	7150 GPM	Scale Pit	1-U	*
	No. 3 & 4 Seamless Hot Forming Pipe				
	ERW Cold Forming Pipe	7850 GPM	Scale Pits	1-U	*
	Bar Mill & Pipe				
1	Mill Non-Contact				
	Cooling	3300 GPM	None		*
	Stormwater	4300 GPM	None		*
1	*(All water from the above operations is treated with a polymer addition prior to entering the Pipe and Primary Treatment Facility to maintain low concentration of oil & grease in the outfall. The Pipe and Primary Treatment Facility is equipped with a permanent oil containment structure and surface oil removal and storage facilities.)			2-C	1-U
2	Caster Spray System Emergency Overflow	0 GPM	None		
	Coke Plant Non-contact	0 GPM	None		
	Coke Plant Boilers Blowdown	0 GPM	None		
	Basic Oxygen (BOP) Non-Contact				
2	Water Usage	100 GPM	None		
	Branch Storm Sewer 605	10 GPM	None		
	Storm Water	1900 GPM	None		
	No flow represents temporary extended idle. USS will submit an application to discharge if the coke plant is restarted.				

FORM  
2C  
NPDES

**U.S. ENVIRONMENTAL PROTECTION AGENCY**  
**APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER**  
**EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS**  
*Consolidated Permits Program*

**I. OUTFALL LOCATION**

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
601	-	-	-	-	-	-	Black River Via Outfalls 002, 003 & 004
602	N41	26	55	W82	08	54	Black River Via Outfall 004
603	N41	27	00	W82	08	36	Black River Via Outfall 002, 003 & 004
605	N41	27	03	W82	08	19	Black River Via Outfall 002

**II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES**

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NUMBER (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	A. OPERATION (list)	B. AVERAGE FLOW (include units)	C. DESCRIPTION	D. LIST CODES FROM TABLE 2C-1	
003	Power House Condenser Non-				
	contact cooling water	39,320 GPM	None		
	Blast Furnace Non-contact				
	Cooling Water	8,600 GPM	None		
003	Future Coke Plant				
	Biological Treatment Plant				
	Blowdown	0 GPM	Proposed Biological Treatment	3-C	
	Stormwater	300 GPM	None		
004	Power House Condenser Non-				
	contact Cooling Water	10,000 GPM	None		
	Blast Furnace Treatment				
	System Blowdown	20 GPM	See Discharge 602	1-U	5-U
004	Boiler Water Treatment Blow-				
	down	60 GPM	None		
	No. 13 Boiler Blowdown	50 GPM	None		
	Stormwater	90 GPM	None		
005	10" & 12" Bar Mill Non-contact				
	Cooling Water	3,200 GPM	None		
	Stormwater	870 GPM	None		
006	Surface Stormwater Drainage	223 GPM	None		

OFFICIAL USE ONLY (effluent guidelines sub-categories)

RM  
C  
DES



U.S. ENVIRONMENTAL PROTECTION AGENCY  
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER  
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS  
Consolidated Permits Program

OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	

FLOW, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

OUT- FALL NUMBER (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	B. OPERATION (list)	D. AVERAGE FLOW (include units)	E. DESCRIPTION	F. LIST CODES FROM TABLE 2C-1	
01	Blast Furnace Non-contact				
	Cooling Water	6,450 GPM	None		
	Linde Oxygen Plant Non-contact				
	Cooling Water	300 GPM	None		
01	Blast Furnace Boilers No. 1 -				
	No. 9 Blowdown	100 GPM	None		
	BOP Process Water Treatment				
	Blowdown	60 GPM	2 Clarifiers, 1 thickner	1-U	
01	Rounds Caster Process				
	Blowdown	20 GPM	See Discharge 603		
	(All water from the above operations enters into the No. 2 reservoir and is recycled into the plant service water system)			1-U	
	* Monitoring point deleted from permit per (31 D000 18* FD OEPA Modification.)				
02	Blast Furnace Water Treatment		2 Clarifiers, 1 Thickner	1-U	5-U
	System Blowdown	330 GPM	and 2 Vacuum Filters		
03	Caster and BOP		3 Clarifiers, 1 Scale Pit	1-U	5-U
	Treatment Facilities Blowdown	20 GPM	3 Filters		
05	Branch Storm Sewer	10 GPM	None		

OFFICIAL USE ONLY (effluent guidelines sub-categories)

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent? ☐ YES (complete the following table) ☒ NO (go to Item III)

1. OUTFALL NUMBER - (list)	2. OPERATION(S) CONTRIBUTING FLOW - (list)	3. FREQUENCY		4. FLOW					
		B. DAYS PER WEEK (specify average)	D. MONTHS PER YEAR (specify average)	6. FLOW RATE (in mgd)		8. TOTAL VOLUME (specify with units)		C. DUR- ATION (in days)	
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY		

### III. PRODUCTION

- A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?  
☒ YES (complete Item III-B) ☐ NO (go to Section IV)
- B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?  
☒ YES (complete Item III-C) ☐ NO (go to Section IV)
- C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS (list outfall numbers)
A. QUANTITY PER DAY	B. UNITS OF MEASURE	C. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	
0	Tons	Cokemaking	602, 004
6560	Tons	Iron Making, Iron Blast Furnace 1, 2 and 4	602, 004
7593	Tons	Steel Making BOP - Wet Suppressed	603
3447	Tons	Continuous Caster New Source - Squares & Rounds	603
8142	Tons	Hot Forming, Primary Mill with Scarfing	001
4159	Tons	Hot Forming Section Mill -Carbon, 10" & 12"	001
2269	Tons	Bar Mill	001
577	Tons	Hot Forming Pipe and Tube, No. 3 & No. 4 Seam-less Pipe Mill	001
		Cold Forming, ERW Mill, Pipe-Oil Solution	001

### IV. IMPROVEMENTS

- A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operation of waste-water treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions:  
☐ YES (complete the following table) ☒ NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	A. NO.	B. SOURCE OF DISCHARGE		A. REQUIRED	B. PROJECTED

OPTIONAL: You may attach additional sheets describing any additional water pollution control programs for other environmental projects which may affect your discharges/ you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. ☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

V. INTAKE AND EFFLUENT CHARACTERISTICS

- A, B, & C: See instructions before proceeding — Complete one set of tables for each outfall — Annotate the outfall number in the space provided.  
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.
- D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
None			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

- Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?
- ☐ YES (list all such pollutants below)
- ☒ NO (go to Item VI-B)

## VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES (Identify the test(s) and describe their purposes below)

☒ NO (go to Section VIII)

## VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒ YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☐ NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
CWC Industries, Inc.	2686 Lisbon Road Cleveland, OH 44104	(216) 721-4747	ATT

RECEIVED

MAY 13 1988

OHIO EPA-N.E.D.O.

## IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print)

P. X. Masciantonio, Vice President-Environmental Affairs

B. PHONE NO. (area code & no.)

(412) 825-2609

C. SIGNATURE

*P. X. Masciantonio*

D. DATE SIGNED

5-4-88

## TERMS AND CONDITIONS (General)

1. Only those hazardous wastes as identified by the U.S. EPA Hazardous Waste Number(s) set forth in the approved permit application, attached hereto, may be managed at the facility and only pursuant to the specified processes and design capacities indicated and set forth in the approved permit application.
2. The Permittee and the facility shall comply with all applicable performance standards adopted by the Director of Environmental Protection pursuant to Division (D) of Section 3734.12 of the Revised Code.
3. The Permittee and the facility shall comply with all applicable requirements of Chapter 3734 of the Revised Code, the Ohio Hazardous Waste Rules, and the federal statutes and regulations concerning hazardous waste.
4. This permit shall expire three years after its date of issuance. The date of issuance is the date the resolution to issue the permit was passed by the Board.
5. This permit, in accordance with the procedures of the Board, may be modified, revoked, or alternatively revoked and reissued, to comply with applicable provisions of Chapter 3734 of the Revised Code or the Ohio Hazardous Waste Rules.
6. The annual permit fee, payable to the Treasurer of State, shall be submitted to and received by the Board on or before the anniversaries of the date of issuance, during the term of the permit.
7. Unless otherwise specifically provided, all studies, reports, data, plans and other information required to be submitted by this permit shall be transmitted to:

Hazardous Waste Facility Approval Board  
P.O. Box 1049  
361 East Broad Street  
Columbus, Ohio 43216

The permit number shall be indicated on the transmittal letter.

## TERMS AND CONDITIONS (Special)

NOT APPLICABLE

HAZARDOUS WASTE FACILITY  
APPROVAL BOARD

NOV 30 1981

ENTERED BOARD'S JOURNAL

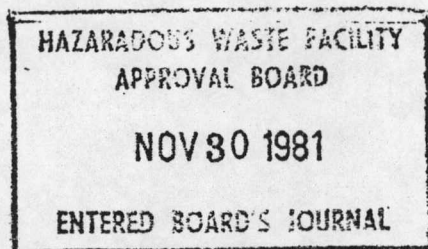


# PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

81-AW-0091

NONE



## DESCRIPTION OF HAZARDOUS WASTES

**EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

## PROCESSES

### 1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

### 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**TE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**SAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES			
			1. PROCESS CODES (enter)		2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
1 K 0 5 4	900	P	T 0 3	D 8 0		
2 D 0 0 2	400	P	T 0 3	D 8 0		
3 D 0 0 1	100	P	T 0 3	D 8 0		
4 D 0 0 2					included with above	

000004220810

DUP

DUP

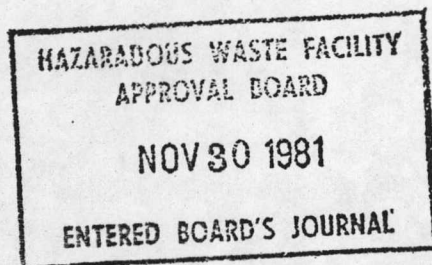
0091

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

W. Z. J.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES												
	21	22	23	24			1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1),)						
	21	22	23	24			27	28	29	30	31	32	33	34	35	36	37	38	39
1	K	0	6	2	20,000	T	S	0	2										Pickle liquor
2	D	0	0	8	10	T	S	0	1										Pb
3																			
4																			
5																			
6																			
7																			
8																			
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25																			
26																			

HAZARDOUS WASTE FACILITY  
APPROVAL BOARD  
NOV 30 1981  
ENTERED BOARD'S JOURNAL

NONE



EPA I.D. NO. (enter from page 1)													
H	D	O	O	4	2	2	0	8	J	0		T/A	C
													6

**FACILITY DRAWING**

existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**PHOTOGRAPHS**

existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**FACILITY GEOGRAPHIC LOCATION**

**LATITUDE (degrees, minutes, & seconds)**

4	1	2	0	3	7
65	68	69	70	71	72

**LONGITUDE (degrees, minutes, & seconds)**

8	1	3	9	4	4
72	73	74	75	76	77

**FACILITY OWNER**

A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

**1. NAME OF FACILITY'S LEGAL OWNER**

**2. PHONE NO. (area code & no.)**

**3. STREET OR P.O. BOX**

**4. CITY OR TOWN**

**5. ST.**

**6. ZIP CODE**

**OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

**A. NAME (print or type)**

Mr. J.R. Ferguson, Jr., Senior Vice President and Asst. to the Pres.

**B. SIGNATURE**

**C. DATE SIGNED**

**OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

**A. NAME (print or type)**

**B. SIGNATURE**

**C. DATE SIGNED**

CONTINUED FROM THE FRONT

SIG CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
3	3	1	2	(specify) Manufacture of steel wire, strip, and rod			
C. THIRD				D. FOURTH			
(specify)				(specify)			

## I. OPERATOR INFORMATION

A. NAME												1. Is the name listed in Item VIII-A also the owner?															
UNITED STATES STEEL CORPORATION												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO															
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)												D. PHONE (area code & no.)															
FEDERAL		M = PUBLIC (other than federal or state)		P (specify)		E		4		1		2		4		3		3		6		0		1		2	
STATE		O = OTHER (specify)				A																					
PRIVATE																											
E. STREET OR P.O. BOX																											
600 GRANT STREET																											
F. CITY OR TOWN												G. STATE		H. ZIP CODE		IX. INDIAN LAND											
PITTSBURGH												PA		15230		Is the facility located on Indian lands?											
																<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											

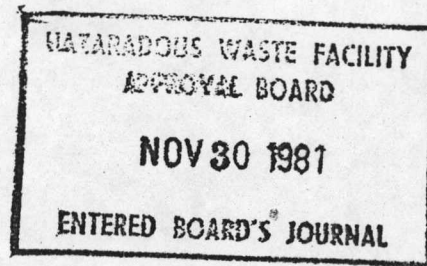
## EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)												D. PSD (Air Emissions from Proposed Sources)											
OH 0002160												9 P											
B. UIC (Underground Injection of Fluids)												E. OTHER (specify)											
U												(specify)											
C. RCRA (Hazardous Wastes)												E. OTHER (specify)											
R												(specify)											

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## NATURE OF BUSINESS (provide a brief description)

Manufacture of steel wire, strip, and rod.



## I. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Mr. J. R. Ferguson, Jr., Senior Vice President and Asst. to the President					
REMARKS FOR OFFICIAL USE ONLY					

U.S. ENVIRONMENTAL PROTECTION AGENCY  
**GENERAL INFORMATION**  
Consolidated Permits Program  
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

FOH 000422081

EPA I.D. NUMBER  
FACILITY NAME  
FACILITY MAILING ADDRESS  
FACILITY LOCATION

HAZARDOUS WASTE FACILITY  
PLEASE PLACE LABEL IN THIS SPACE  
NOV 30 1981  
ENTERED BOARD'S JOURNAL

GENERAL INSTRUCTIONS

If a preprinted label has been provided, fill it in the designated space. Review the information carefully; if any of it is incorrect, through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS

MARK "X" IN THE BOX  
YES NO FORM ATTACHED

A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)

X

C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)

X

E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)

X

X

G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)

X

I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)

X

B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)

X

D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)

X

F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)

X

H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)

X

J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)

X

III. NAME OF FACILITY

1 SKIP U. S. STEEL CORP., CUYHOGA PLANT

IV. FACILITY CONTACT

MR. WHITE A. NAME & TITLE (last, first, & title)

2 KUMMANT, KARL CHIEF ENGINEER

B. PHONE (area code & no.)

216 277 2433

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 1807 EAST 28th STREET

B. CITY OR TOWN

4 LORAIN

C. STATE D. ZIP CODE

OH

44055

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 4300 E. 49th STREET

B. COUNTY NAME

CUYAHOGA

C. CITY OR TOWN

6 CUYAHOGA HEIGHTS

D. STATE

OH

E. ZIP CODE

44125

F. COUNTY CODE (if known)

Note: This fellow has been transferred. New contact is Mac. White 8/31/81

RB

- a. Authorize the staff of the Board to issue to the facilities the Hazardous Waste Facility Installation and Operation Permits approved for issuance by resolution of the Board, and
- b. Have signing authority indicating that such action has been approved by the Board.

NOW THEREFORE, A HAZARDOUS WASTE FACILITY INSTALLATION AND OPERATION PERMIT IS ISSUED TO THE Applicant for the facility, subject to the Terms and Conditions attached hereto and incorporated herein.

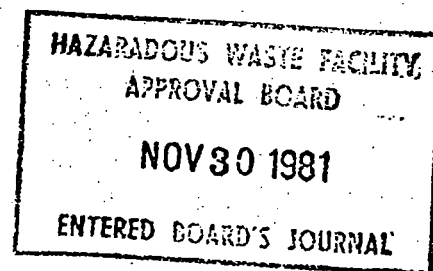
FOR THE BOARD, BY  
ORDER OF THE BOARD

Peggy J. Vance

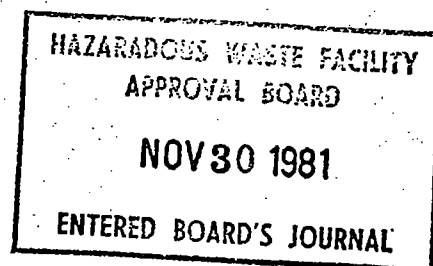
November 30, 1981

Entered into the Journal of the Board on Nov. 30, 1981 by

Madeline Samson/sec.



5. The Agency has informed the Applicant of the requirements of applicable hazardous waste rules of which it was not in compliance.
6. The Agency has recommended to the Board that a permit be issued to the facility.
7. Review and consideration of the information on the permit application, the results of the survey, the public comments, recommendations and comments by the Agency, and other pertinent material regarding the Applicant and the facility is sufficient to determine whether the facility meets the requirements for permit issuance set forth in Section 3734.05(D) of the Revised Code.
8. The staff of the Board has reviewed and considered the information on the permit application, the results of the survey, the public comments, the recommendation and comments by the Agency, and other pertinent material regarding the Applicant and the facility and has recommended to the Board that a permit be issued.
9. Pursuant to Resolution No. 30 -81, passed September 9 , 1981, the Board found that the facility:
  - a. Was in operation immediately prior to October 9, 1980,
  - b. Was in substantial compliance, as determined by the Director of Environmental Protection, with applicable statutes and rules in effect immediately prior to October 9, 1980,
  - c. Submitted a completed permit application, and
  - d. Has demonstrated to the Board that its operation after October 9, 1980 will comply with applicable performance standards adopted by the Director of Environmental Protection pursuant to division (D) of Section 3734.12 of the Revised Code.
10. Pursuant to such Resolution, the Board resolved and approved that a permit be issued with such standard terms and conditions set forth in the document entitled "Terms and Conditions" attached to the Resolution and such special terms and conditions as were approved by the Board.
11. The terms and conditions referenced in Finding Number 10 above, are attached hereto and incorporated herein.
12. Resolution No. 21-81, passed on August 26, 1981 and entered into the Journal of the Board on September 1, 1981, authorizes the Coordinator of the Board to:



**DESCRIPTION OF HAZARDOUS WASTES (continued)**

USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

None.

**RECEIVED**  
OHIO EPA

NOV 23 1982

**DIV. HAZARDOUS  
MATERIALS MANAGEMENT**

**I CERTIFY THIS COPY TO BE A TRUE AND  
ACCURATE COPY OF THE OFFICIAL DOCUMENT  
AS FILED IN THE RECORDS OF THE OHIO  
HAZARDOUS WASTE FACILITY APPROVAL BOARD**

BY \_\_\_\_\_ DATE \_\_\_\_\_

EPA I.D. NO. (enter from page 1)

O	H	D	0	0	4	2	2	0	8	1	0	T/A/C	6
---	---	---	---	---	---	---	---	---	---	---	---	-------	---

**FACILITY DRAWING**

If existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**I. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**FACILITY GEOGRAPHIC LOCATION**

**LATITUDE (degrees, minutes, & seconds)**

4	1	2	0	3	7
---	---	---	---	---	---

**LONGITUDE (degrees, minutes, & seconds)**

8	1	3	9	4	4
---	---	---	---	---	---

**III. FACILITY OWNER**

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

**1. NAME OF FACILITY'S LEGAL OWNER**

**2. PHONE NO. (area code & no.)**

**3. STREET OR P.O. BOX**

**4. CITY OR TOWN**

**5. ST.**

**6. ZIP CODE**

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

**A. NAME (print or type)**

P. X. Masciantonio, Vice Pres.  
Environment & Energy

**B. SIGNATURE**

*P. X. Masciantonio*

**C. DATE SIGNED**

4/22/82

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

**A. NAME (print or type)**

**B. SIGNATURE**

**C. DATE SIGNED**

Continued from page 2.

WARNING: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)

FOR OFFICIAL USE ONLY

W O H D 0 0 4 2 2 0 8 1 0

W D U P 2 D U P

## IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	K 0 6 2	100	T	S 0 2	
2	D 0 0 8	10	T	S 0 1	
3	F 0 0 2	1	T	S 0 1	
4					
5					
6					
7					
8					
9					
10					
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26					

TO CERTIFY THIS COPY TO BE A TRUE AND  
 ACCURATE COPY OF THE OFFICIAL DOCUMENT  
 AS FILED IN THE RECORDS OF THE OHIO  
 HAZARDOUS WASTE FACILITY APPROVAL BOARD

DATE

RECEIVED  
 OHIO EPA

NOV 23 1982

DIV. HAZARDOUS  
 MATERIALS MANAGEMENT

**II. PROCESSES (continued)**

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

None.

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OHIO EPA

NOV 23 1982

DIV. HAZARDOUS  
MATERIALS MANAGEMENT

I CERTIFY THIS COPY TO BE A TRUE AND  
ACCURATE COPY OF THE OFFICIAL DOCUMENT  
AS FILED IN THE RECORDS OF THE OHIO  
HAZARDOUS WASTE FACILITY APPROVAL BOARD

BY \_\_\_\_\_ DATE \_\_\_\_\_

**V. DESCRIPTION OF HAZARDOUS WASTES**

**EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE  
POUNDS.....P  
TONS.....T

METRIC UNIT OF MEASURE CODE  
KILOGRAMS.....K  
METRIC TONS.....M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**PROCESSES****1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZ. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (If a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

FORM 1 RCRA



U.S. ENVIRONMENTAL PROTECTION AGENCY  
**HAZARDOUS WASTE PERMIT APPLICATION**  
Consolidated Permits Program  
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER  
FOHD004220810

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)  
☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)  
☐ 2. NEW FACILITY (Complete item below.)  
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)  
8/19/00

B. REVISED APPLICATION (place an "X" below and complete item 1 above)  
☒ 1. FACILITY HAS INTERIM STATUS  
☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.  
1. AMOUNT - Enter the amount.  
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS		T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT	T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE CODE			UNIT OF MEASURE CODE		
GALLONS.....G			LITERS PER DAY.....V		
LITERS.....L			TONS PER HOUR.....D		
CUBIC YARDS.....Y			METRIC TONS PER HOUR.....W		
CUBIC METERS.....C			GALLONS PER HOUR.....E		
GALLONS PER DAY.....U			LITERS PER HOUR.....H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C

DUP

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)			1. AMOUNT	2. UNIT OF MEASURE (enter code)
X-1	S02	600	G	5			
X-2	T03	20	E	6			
1	S01	2,800	G	7			
	S02	160,000	G	8			
3				9			
4				10			

I. SIC CODES (4-digit, in order of priority)	
A. FIRST	B. SECOND
3 3 1 2 (specify) Manufacture of Steel Wire, Strip and Rod	(specify)
C. THIRD	D. FOURTH
(specify)	(specify)

II. OPERATOR INFORMATION	
A. NAME	B. Is the name listed in Item VIII-A also the owner?
U. S. STEEL CORPORATION, CUYAHOGA PLANT	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: If "Other", specify.)	D. PHONE (area code & no.)
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)	P (specify) 2 1 6 2 7 7 2 4 3 3
E. STREET OR P.O. BOX	
4 3 0 0 E. 4 9 t h S T R E E T	
F. CITY OR TOWN	G. STATE H. ZIP CODE
C U Y A H O G A H E I G H T S	O H 4 4 1 2 5
IX. INDIAN LAND Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

EXISTING ENVIRONMENTAL PERMITS	
A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
N O H 0 0 0 2 1 6 0	P
B. UIC (Underground Injection of Fluids)	E. OTHER (specify)
U	(specify)
C. RCRA (Hazardous Wastes)	F. OTHER (specify)
	(specify)

I. MAP  
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

II. NATURE OF BUSINESS (provide a brief description)	
Manufacture of steel wire, strip and rod.	
<div style="display: flex; justify-content: space-between;"> <div> <p>RECEIVED OHIO EPA NOV 23 1982 DIV. HAZARDOUS MATERIALS MANAGEMENT</p> </div> <div> <p>I CERTIFY THIS COPY TO BE A TRUE AND ACCURATE COPY OF THE OFFICIAL DOCUMENT AS FILED IN THE RECORDS OF THE OHIO HAZARDOUS WASTE FACILITY APPROVAL BOARD</p> <p>BY _____ DATE 4/22/82</p> </div> </div>	

III. CERTIFICATION (see instructions)		
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.		
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
P. X. Masciantonio, Vice President Environment & Energy	<i>P. X. Masciantonio</i>	4/22/82
IV. COMMENTS FOR OFFICIAL USE ONLY		

FORM 1 GENERAL		EPA U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permit Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER F O H D 0 0 4 2 2 0 8 1 0	
II. POLLUTANT CHARACTERISTICS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X"			SPECIFIC QUESTIONS	MARK "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production; inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY	
1	US STEEL CORP. CUYAHOGA PLANT

IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title)	
2	WHITE, MAC S. CHIEF ENGINEER

V. FACILITY MAILING ADDRESS	
A. STREET OR P.O. BOX	
3	1807 E. 28TH STREET
B. CITY OR TOWN	
4	LORAIN
C. STATE	
5	OH
D. ZIP CODE	
6	44055

VI. FACILITY LOCATION	
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	
5	4300 E. 49th STREET
B. COUNTY NAME	
6	CUYAHOGA
C. CITY OR TOWN	
7	CUYAHOGA HEIGHTS
D. STATE	
8	OH
E. ZIP CODE	
9	44125



## EPA 9012

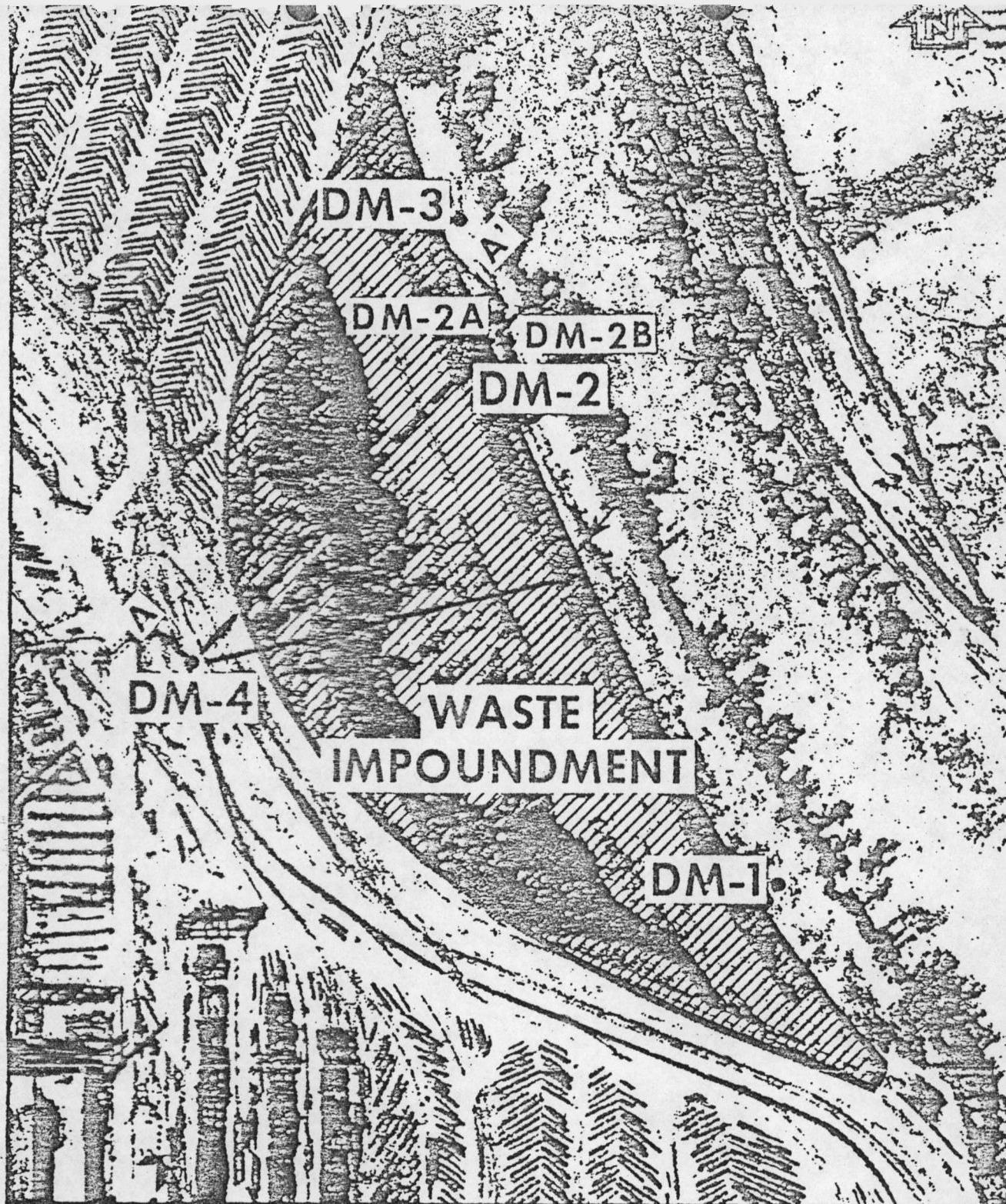
[illegible][illegible]

B	Street or P.O. Box																												
B	City or Town																								State	Zip Code			

**COMMENTS** (enter information by line number — see instructions)

[illegible]

36	39	40	43
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200 100 0 200  
SCALE IN FEET

- DM-4 Boring Drilled and Converted to Monitoring Well  
During This Investigation in September 1981
- A — A' Section Profile (See Plate 3)
- Dominant Ground Water Gradient

PLATE 2  
LOCATION OF MONITORING WELLS USSC, LORAIN WORKS

